

REGISTRATION FORM

Please print, complete, scan and email form to joinheartopener@gmail.com
All information is confidential.

Name: _____ Date: _____

DOB: _____

Address: _____

Cell Number: _____

Emergency Contact Name: _____ No. _____

EXPERIENCE

Please list your experience with psychedelics, empathogens, and/or plant medicine: _____

What doses (if known)? _____

In what setting have you taken the above substances? _____

How was your overall experience? _____

MEDICAL INFORMATION

Do you currently have any medical conditions, issues or disorders that have been diagnosed by your doctor or any medical professionals? YES / NO Please list: _____

Please list all prescription medications you currently take with dosage: _____

Please list all supplements you currently take: _____

List all mental health concerns or issues: _____

Have you been diagnosed as having **Bipolar Disorder, Borderline Personality Disorder and/or Schizophrenia** by a mental health professional? YES / NO Please list: _____

Has your mother, father and/or any immediate family members been diagnosed as having bipolar, borderline personality and/or schizophrenia disorder? YES / NO Please describe:

Are you or do you currently have:

Depression: YES / NO

Anxiety: YES / NO

Suicidal: YES / NO

PTSD/Trauma: YES / NO

Sexual Trauma: YES / NO

Addictions: YES / NO

If yes to any above, please describe: _____

Please list any questions and/or concerns you have about your participation in our upcoming ceremony: _____

ADDITIONAL INFORMATION

List all food allergies/sensitivities? _____

Please describe your intention(s) for ceremony and outcomes you're seeking: _____

Please share a little about yourself: _____

Thank you for taking the time to complete the registration form. We look forward to connecting with you in heart and space.